

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

FILING DATE

(FOR USE WITH FORM PTO-875)

								TY AVN C						_	
		SF	HED	AF	TER	· AF	TER	CLAIM	<u>s</u>						
	<u> </u>	AS FILED IND. DEP.		I"AMENDMENT		2 AMENDMENT				AS FILED		AFTER I AMENDMENT		AFTE 1"AMENDA	
1	1	7	DET.	IND.	DEP.	IND.	DEP.	1 L		IND.	DEP.	IND.	DEP.		_
2				 	 	┨──	 		51				DEI.	IND.	1
3			7			1		-	52						╀
4	-		<u> </u>						53						╁
5								-	54 55						╁
7	٠	/ 						-	56						1
8									57						Γ
9	╁─	\dashv	+ 7						58						
10	 	\dashv				 			59						L
11	1	\dashv							60						L
12	T -	7							61						L
13		\neg				 		L	62						L
14								L	63						┝
15								-	64						μ
16		$oldsymbol{oldsymbol{oldsymbol{oldsymbol{I}}}$						 -	65	I					-
17	1	$\bot \Gamma$						 -	66						_
18	 					1		<u> </u>	67 68].	I				_
19	 	_						⊢	69						_
20 21	├	-						-	70						
22	 								71						
23		-							72						_
24	 	+-]		73						
25	 	+							74						
26		\dashv							75						
27		_							76						_
28									77						
29		$oldsymbol{oldsymbol{oldsymbol{oldsymbol{\Box}}}$						-	78						_
30									79 .						_
31	<u> </u>	4							80 81	 -					_
32		- -							82	 -					
33		4-							83						
34 35									84						
16		-							85					_	
57		+-							86		$\overline{}$				_
8		1-]		87						_
9		+							88				 -	-	_
0		1	— <u></u>						89			_			_
1									90				 -		
2									91					-	
3		\bot							92						_
4		1							93						_
5		1_							05						_
6 7		┼							6		∤	_			
8			—- —						7					_	
9		-							8		 -		— ! —		
0	<u> </u>	+-			-	_		9	19			_			_
	$\mathcal{\mathcal{Y}}$, 		_ 			10	00						
DEP	77	- ,			#		\$	тота	L IND		\$		3	1,	1
TAL		EST BEN		+				TOTAL	L DEF			 _ < =	1		
IMS	9	199		13%	352	155		TO:			355	一層			37